

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
2	/	/	/	/		
3	2	/	/	/		
4	2	/	/	/		
5	2	/	/	/		
6	2	/	/	/		
7	2	/	/	/		
8	1	/	/	/		
9	3	/	/	/		
10	3	/	/	/		
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TOTAL IND.		1				
TOTAL DEP.		12				
TOTAL CLAIMS		13				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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